

4767

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Pima</u>		BUREAU OF VITAL STATISTICS	State Index No. <u>125</u>
District of <u></u>		ORIGINAL CERTIFICATE OF BIRTH	Co. Registrar No. <u>437</u>
Town of <u>Miami</u>			Local Registrar No. <u></u>
or			
City of <u></u>	No. <u></u>	St. <u></u>	Ward <u></u>
(If birth occurred in a hospital or institution, give its NAME instead of street and number)			
2. Full name of child <u>Ruth Farmer</u>		If child is not yet named, make supplemental report, as directed	
3. Sex of child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other <u></u>	5. No., in order of birth <u></u>
6. Legitimate? <u>Y</u>		7. Date of birth <u>Sept 16-1922</u>	(Month, day, year)
8. FATHER Full name <u>Joseph Farmer</u>		14. MOTHER Full maiden name <u>Maisy Morlock</u>	
9. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and State		15. Residence (Usual place of abode) <u>Miami</u> If nonresident, give place and State	
10. Color or race <u>Wh</u>	11. Age at last birthday <u>53</u> (Years)	16. Color or race <u>Wh</u>	17. Age at last birthday <u>40</u> (Years)
12. Birthplace (city or place) <u>No. Carolina</u> (State or country)		18. Birthplace (city or place) <u>Lexas</u> (State or country)	
13. Occupation <u>Painter</u> Nature of Industry		19. Occupation <u>IX</u> Nature of Industry	
20. Number of children of this mother (Taken as of time of birth of child here-in certified and including this child.)		(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>4</u> (c) Stillborn <u>0</u>	
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.			
I hereby certify that I attended the birth of this child, who was <u>born</u> at <u>8:45</u> m. on the date above stated.			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.			
Signature <u>Charles C. Davis M.D.</u>		(Physician or midwife)	
Address <u>Miami Arizona</u>			
Given name added from a supplemental report <u>969-912-1142</u>		Filed <u>9/29</u> , 1922 <u>B. H. Hardy</u> Local Registrar.	
Registrar.		Filed <u>Oct 6</u> , 1922 <u>B. G. Smith</u> County Registrar.	